

March of Dimes Montana
2013 Chapter Community Grants Program
COMMUNITY AWARD APPLICATION



Purpose

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies and in 2003 launched a campaign to address the increasing rate of premature birth.

As part of this effort, the Montana Chapter invites you to participate in our 2013 Community Awards Program. The goal of the community awards program is to identify and fund community-based programs addressing the health concerns of pregnant women and infants in the state of Montana.

Community Awards can be made to support activities such as: purchase and distribution of March of Dimes health education materials, implementation of March of Dimes community programs such as *The Coming of the Blessing* and *Becoming a Mom/Comenzando bien®*, or a conference for health professionals. To view our product catalog, visit the March of Dimes Web site at marchofdimes.com.

Providing or enhancing premature birth risk reduction education and/or services is the primary funding priority for Montana Chapter grants. This may include but is not limited to:

- Providing smoking cessation education and/or services to pregnant women.
- Implementing community programs that aim to promote equity in birth outcomes.
- Increasing pregnant women's **participation in state or local maternal child health programs** (e.g. Medicaid, CHIP, WIC) through enhanced outreach, education and public awareness.

Please Note: Community Awards may not be used to support equipment or furniture, individual tuition or conference fees, dues or membership fees, employee salary or programs requiring long-term March of Dimes funding.

Available Funding and Eligibility

Awards may be granted up to \$3,000. The applicant must provide services in Montana.

In order to be eligible to receive a March of Dimes community award, an organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **The March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the chapter's Program Services Committee or the Chapter or Division Board of Directors.

Application Instructions

1. Complete the attached Application Cover Sheet
2. Include a two-page letter outlining the following:
 - Name of agency/organization requesting the award
 - Description of the program/project that the funds will support
 - Description of budget items requested (please be detailed)
 - How the program/project meets community needs and relates to the March of Dimes mission
 - Time frame in which the funds will be spent
- Evaluation plan for project and data measurement tools
3. Send 4 copies of the letter and Cover Sheet by May 31, 2013 to:
Victoria LaFromboise, Director of Program Services
March of Dimes Montana Chapter



807 Grand Avenue, Billings, MT 59102

4. Notification of decisions and check disbursement will take place by August respectively.
5. Feel free to contact Victoria LaFromboise by phone at 406-206-1687 or by e-mail at vlafromboise@marchofdimes.com if you have questions about this application process.

Applications must be received by 4:00PM on May 31, 2013. Late applications will not be accepted.

March of Dimes Montana Chapter
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COMMUNITY AWARD APPLICATION COVER SHEET



Applicant Organization _____

Project Title _____

Street Address _____

City/State/Zip Code _____

Contact Name _____

Phone/Fax _____

E-mail _____

Description:

(Please include a brief description of how Community Award funds would be used)

Please list the one primary funding priority that the application addresses from the numbered funding priority areas on page 2 of the RFP:

Please indicate the following:

Approximately how many individuals will be served by your project? _____

List the race/ethnicity of the *majority* of individuals served (if applicable): _____

Total Community Award requested: \$ _____

Check should be made out to: _____

A Form W-9 (Request for Taxpayer Identification Number and Certification) will be sent to you upon notification that your organization is a Community Award recipient. In order to receive payment, this form will need to be completed, signed and returned.

_____/_____/_____
Signature - Primary Staff Person Date Print Name and Title

_____/_____/_____
Signature - Executive Director Date Print Name and Title

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